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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/661,406 | |
| | Filing Date | September 12, 2003 | |
| | First Named Inventor | Patrick P. Wu | |
| | Art Unit | 3731 | |
| | Examiner Name | Elizabeth Houston | |
| Total Number of Pages in This Submission | | Attorney Docket Number | ENDOS-64190 (4082P) |

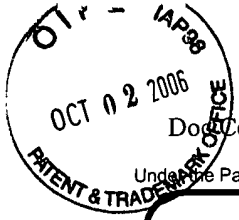
| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 1449 Postcard |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | CUSTOMER NO. 24201 | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---------------------|----------|--------|
| Firm Name | FULWIDER PATTON LLP | | |
| Signature | | | |
| Printed name | THOMAS H. MAJCHER | | |
| Date | SEPTEMBER 28, 2006 | Reg. No. | 31,119 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-------------------|------|--------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the | | | |
| Signature | | | |
| Typed or printed name | THOMAS H. MAJCHER | Date | SEPTEMBER 28, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Doc# Code:

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$180.00****Complete if Known**

| | |
|----------------------|---------------------|
| Application Number | 10/661,406 |
| Filing Date | September 12, 2003 |
| First Named Inventor | Patrick P. Wu |
| Examiner Name | Elizabeth Houston |
| Art Unit | 3731 |
| Attorney Docket No. | ENDOS-64190 (4082P) |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid(\$) |
|------------------|-------------|---------------------------------|-------------|---------------------------------|------------------|---------------------------------|---------------|
| | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | <u>Small Entity</u> Fee (\$) |
|--|--------------|---------------------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| <u>Multiple Dependent Claims</u> | | |
| Total Claims | Extra Claims | Fee (\$) |
| - 20 or HP = | x | \$50.00 |
| | | = \$0.00 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) |
|---------------|--------------|----------|
| - 3 or HP = | x | \$200.00 |
| | | = \$0.00 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|------------|---------------|
| - 100 = | 0 | / 50 0 (round up to a whole | x \$250.00 | = \$0.00 |

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supp IDS**\$180.00****SUBMITTED BY**

| | | | | | |
|-------------------|-------------------|--------------------------------------|--------|-----------|--------------|
| Signature | | Registration No. (Attorney/Agent) | 31,119 | Telephone | 310 824 5555 |
| Name (Print/Type) | THOMAS H. MAJCHER | | | Date | 09/28/06 |

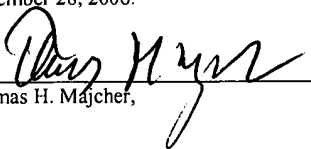
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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

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Thomas H. Majcher, Reg. No. 31,119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|--------------|---------------------------------------|-------------------------|------|
| Appl. No. | : 10/661,406 | Confirmation No.: | 6647 |
| Applicant | : Patrick P. Wu | | |
| Filed | : September 12, 2003 | | |
| Art Unit | : 3731 | | |
| Examiner | : Elizabeth Houston | | |
| Title | : DELIVERY SYSTEM FOR MEDICAL DEVICES | | |
| Docket No.: | : ENDOS-64190 (4082P) | September 28, 2006 | |
| Customer No. | : 24201 | Los Angeles, California | |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Pursuant to the duty of disclosure and 37 CFR § 1.97(c)(2), enclosed is Form PTO 1449, listing references which may be material to the patentability of the invention. The Examiner is respectfully requested to consider and cite the references. It is additionally requested that the Examiner indicate consideration of the cited references by returning a copy of the attached form PTO 1449 with initials and/or other appropriate marks.

10/03/2006 SSESHE1 00000013 10661406
01 FC:1806 180.00 OP

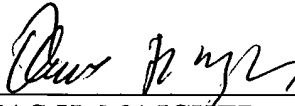
This statement is not a representation that all of the information cited is necessarily effective as prior art against the present application or that a prior art search was performed.

This Information Disclosure Statement is being submitted pursuant to 37 CFR 1.97(c) and the requisite fee of \$180.00 is enclosed. If any additional fees are due, the Commissioner is authorized to charge any these fee(s) to our Deposit Account No. 06-2425. A duplicate of this paper is enclosed.

Respectfully submitted,

FULWIDER PATTON LLP

By: _____


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Registration No. 31,119

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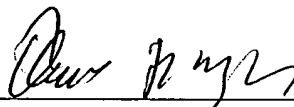
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Respectfully submitted,

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